



#16

PTO/SB/22 (10-00)  
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## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

8409-000030

In re Application of

Shahram Tousi et al.

Application Number

09/560,341

Filed

4/28/2000

For

Isolation Mount

Group Art Unit

3612

Examiner

Scott A. Carpenter

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1))  
☐ Two months (37 CFR 1.17(a)(2))  
☐ Three months (37 CFR 1.17(a)(3))  
☐ Four months (37 CFR 1.17(a)(4))  
☒ Five months (37 CFR 1.17(a)(5))

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\$1,960

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$  
☐ A check in the amount of the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. (SEE FEE TRANSMITTAL FORM PTO/SB/17)  
☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

- ☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☒ attorney or agent of record. (SEE ENCLOSED P.O.A. FORM)  
☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12/2/02

Date

Signature

Donald A. Wilkinson

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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12/10/2002 CV0111

1960.00 CH

02 FC:1255

Adjustment Date: 01/22/2003 AKELLEY  
12/10/2002 CV0111 00000131 500567 09560341  
02 FC:1255 1960.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/21/03</u>		2 Serial/Patent # <u>09/570,341</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<b>X</b>	Extension of Time	<u>16</u>	<u>12/9/02</u>	\$ <u>1960</u>							
	Notice of Appeal/Appeal			\$							
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	Issue			\$							
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	Maintenance			\$							
	Assignment			\$							
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			7 TOTAL AMOUNT OF REFUND <div style="text-align: right; font-size: 1.2em;">\$ <u>1960</u></div>								
			8 TO BE REFUNDED BY:								
			Treasury Check								
			Credit Deposit A/C #:								
			9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>0</td><td>5</td><td>6</td><td>7</td></tr></table>		5	0	--	0	5	6	7
5	0	--	0	5	6	7					
10 REASON:											
	Overpayment										
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<b>X</b>	No Fee Due (Explanation):										
<u>E.D.T. filed outside maximum extendable period for reply.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Andrea Smith</u>			TITLE: <u>Pets. Examr.</u>								
SIGNATURE: <u>[Signature]</u>			PHONE: <u>703/308-6711</u>								
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